

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means, to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**AGENCY INFORMATION**

Federal Program Agency:

**NATIONAL SCIENCE FOUNDATION**

Agency Identifier:

**53-0206152**

Agency Location Code (ALC):

**49-00-0001**

ACH Format:

**CCD+**

Address:

**Division of Financial Management, National Science Foundation,  
4201 Wilson Boulevard – Rm 575S, Arlington, Virginia 22230 USA**

Contact Person's Name:

**Anne Huang**

Telephone Number:

**(703) 306-1280**

Additional Information:

**PAYEE INFORMATION**

Fellow's Name:

Social Security No:

- -

Address:

Contact Person's Name:

Telephone Number:

**FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution:

Address:

ACH Coordinator's Name:

Telephone Number:

Nine (9) Digit Routing Transit Number:

Depositor Account Title:

Depositor Account Number:

Lockbox Number:

Type of Account: (checking, savings)

Signature and Title of Authorized Official: (Could be same as ACH Coordinator)

Telephone Number: